

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10/629800**

FILING DATE **7/30/03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	<del>IND</del>	<del>DEP</del>				
2	<del>IND</del>	<del>DEP</del>				
3	<del>IND</del>	<del>DEP</del>				
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50						
TOTAL IND.	1					
TOTAL DEP.	1					
TOTAL CLAIMS	2					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						